



SUPERIOR COURT OF CALIFORNIA

COUNTY OF TULARE

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The CARE Act:

Information for Petitioners and Respondents

Forms and information included in this packet:		
READ	This packet	Instructions and information
	CARE-050-INFO	Information for Petitioners – About the CARE Act
	CARE-060-INFO	Information for Respondents – About the CARE Act
PETITIONER COMPLETES	CARE-100	Petition to Begin CARE Act Proceedings
BEHAVIORAL HEALTH PROFESSIONAL COMPLETES	CARE-101	Mental Health Declaration – CARE Act Proceedings

The CARE Act

This is an informational guide about the CARE Act, which includes an overview of the CARE Act process and instructions for completing the *Petition to Begin CARE Act Proceedings*. Read these instructions in its entirety before you start filling out your forms.

Completing Forms:

Fillable, printable PDF versions of the California Court forms contained in this packet are available online at <https://courts.ca.gov/rules-forms/find-your-court-forms>. You can type the forms and print them out for filing.

Self Help Resource Center:

If you do not have an attorney representing you, free assistance is available. Please contact the Self-Help Resource Center (SHRC), also known as the Office of the Family Law Facilitator. The SHRC will provide instructions on how to complete the forms and how to properly serve notice on all the necessary parties. SHRC staff can answer your procedural questions and explain the court process but **CANNOT** complete your forms for you, provide legal advice, or represent you in court. The SHRC can be reached at (559) 737-5500 and selfhelp@tulare.courts.ca.gov, and offices are located at:

- County Civic Center: 221 S. Mooney Blvd., Room 203, Visalia, CA 93291
- South County Justice Center: 300 E. Olive Ave., Porterville, CA 93257

Other Resources:

If you have further questions or concerns, you may wish to consult with an attorney or use the assistance of a paralegal or typing service. You may also conduct self-research at:

- CARE Act at California Courts' Self-Help website: <https://selfhelp.courts.ca.gov/care-act>
- CARE Act Resource Center: <https://care-act.org/>
- Tulare County Law Library: <https://tularecounty.ca.gov/lawlibrary/>
 - The Tulare County Law Library is located on the ground floor of the County Civic Center, and Law Library computer terminals are available in the Self-Help Resource Center in the South County Justice Center.
- Sacramento County Public Law Library: <https://saclaw.org/>

What is the CARE Act?

The **C**ommunity **A**ssistance, **R**ecovery, and **E**mpowerment Act (**CARE**) Act provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum disorder or other psychotic disorders through a civil court process. The CARE Act is intended as an intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarceration, and Lanterman-Petris-Short (**LPS**) Mental Health conservatorship.

The CARE Act was designed on the evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. It's a long-term strategy to positively impact the individual and the community around them. The CARE Agreement or CARE Plan may consist of behavioral health services, treatment, housing resources, and other services and supports. Individuals exiting a short-term involuntary hospital hold or an arrest may be especially good candidates for CARE Act services.

CARE Act Eligibility

To qualify for CARE Act services, the Respondent must meet each requirement listed below:

- The Respondent must be 18 years old or older.
- The Respondent must have a diagnosis identified on the **schizophrenia spectrum disorder** or **other psychotic disorder**.
- The Respondent must be currently experiencing a severe mental illness that:
 - is severe in degree and persistent in duration,
 - may cause behavioral functioning that interferes substantially with activities of daily living, and
 - may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.
- The Respondent must not be clinically stabilized in on-going voluntary treatment.
- The Respondent must be either:
 - unlikely to survive safely in the community without supervision and be in a condition that is substantially deteriorating, or
 - need services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the Respondent or others.
- The Respondent's participation in a CARE Agreement or CARE Plan must be the least restrictive alternative necessary to ensure the Respondent's recovery and stability.
- The Respondent is likely to benefit from participation in CARE Act services.

Who can file the Petition?

The Petitioner is the person who asks the court to start CARE Act proceedings for a person (the Respondent) who needs help because of a serious mental disorder. The Petitioner must be 18 years old or older, and be one of the following (*persons with an asterisk (*) may designate someone else to file a petition on their behalf*):

- A person who lives with the Respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the Respondent.
- A person who stands in the place of a parent to the Respondent (*in loco parentis*).
- The director* of the County Behavioral Health agency.
- A licensed behavioral health professional* who is or has been, within the past 30 days, treating or supervising the treatment of the Respondent.
- The director* of a hospital in which the Respondent is hospitalized.
- The director* of a public or charitable organization, agency, or home (1) who is or has been, within the past 30 days, providing behavioral health services to the Respondent; or (2) in whose institution the Respondent resides.
- The Respondent.
- A first responder—including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker—who has had repeated interactions with the Respondent.
- The public guardian* or public conservator*.
- A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.
- The director* of the County Adult Protective Services agency.
- The director* of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to the Respondent.
- A California tribal court judge* before whom the Respondent has appeared within the past 30 days.

Referrals for CARE Act services may also be requested in the following circumstances:

- Referral pursuant to Penal Code section 1370.01 (*defendants found incompetent to stand trial; available for misdemeanor offences only*).
- Referral from Assisted Outpatient Treatment (AOT) Program.
- Referral from Conservatorship proceedings commenced under Welfare and Institutions Code section 5350 (*for persons who are gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism*).

Rights of the Petitioner

If the Petitioner is someone who lives with the Respondent, is a spouse, parent, sibling, child, grandparent of the Respondent, or someone who acts in the place of a parent to the Respondent (*in loco parentis*), the Petitioner:

- Has a right to participate during the initial hearing to determine the merits of the petition.
- May have ongoing rights of notice assigned, based on the court's discretion and whether ongoing notice would be detrimental to the Respondent's treatment or well-being.
- May be allowed to participate and engage in the Respondent's CARE Act proceedings, if the Respondent consents.
- May fill the role of volunteer supporter, if the Respondent agrees (*see below for more information on the supporter's role*),

All other Petitioners have the right to make a statement at the hearing on merits of the Petition. More information for Petitioners is available on form **CARE-050-INFO – Information for Petitioners – About the CARE Act**, included in this packet.

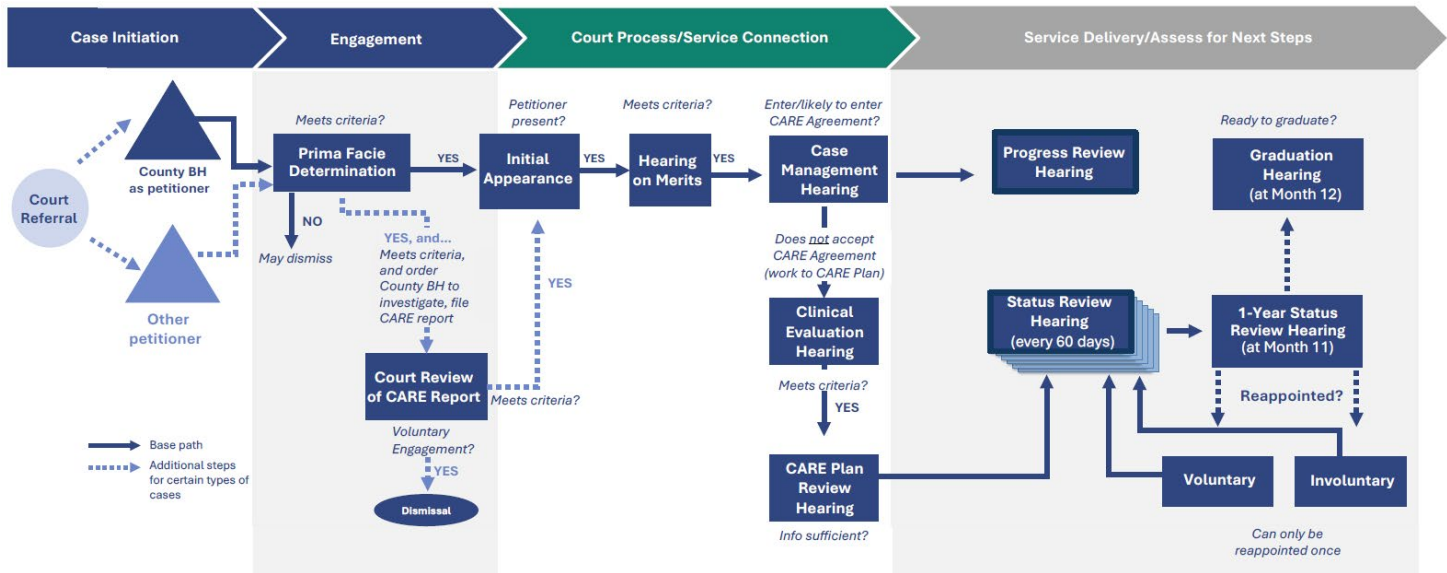
Rights of the Respondent

Respondents have a right to:

- Be informed and receive notice of each hearing.
- Be present at each hearing, unless the Respondent waives the right to be present.
- Have an attorney at all stages of the proceedings, regardless of ability to pay.
- Receive a copy of the petition and court-ordered evaluations.
- Have a supporter be present with you and assist you.
- Present evidence, call witnesses, and cross-examine witnesses.
- Appeal decisions, and to be informed of the right to appeal.
- Protection from harassing petitions.
- Keep confidential all evaluations, reports, documents, and filings submitted to the court for CARE Act proceedings.

More information for Respondents is available on form **CARE-060-INFO – Information for Respondents – About the CARE Act**, included in this packet, and on form **CARE-113 – Notice of Respondent's Rights – CARE Act Proceedings**, available on the California Courts website (*see URL on page 2*).

Overview of the CARE Act Process



CARE Act Petition is filed: A CARE Act case is initiated when a person files a Petition to determine a Respondent's eligibility for CARE Act proceedings. Family members, County Behavioral Health, health care or social service providers, or first responders may file the Petition.

Prima Facie Determination: The court will promptly decide if the Petition shows that the Respondent meets, or may meet, CARE Act eligibility criteria (*this is called a prima facie showing*). If no *prima facie* showing has been made, the petition will be dismissed. If the Petitioner is someone other than County Behavioral Health, such as a family member, the court will order County Behavioral Health to investigate and submit a report within 14 court days, to determine whether the Respondent likely meets the eligibility criteria. County Behavioral Health will provide the Respondent with notice that a CARE Act report has been ordered, and provide notice of any CARE Act proceedings. County Behavioral Health will attempt to engage the Respondent in voluntary services, and the report will include whether the engagement was successful.

Within five days of receiving the report, the court will assess whether a *prima facie* showing has been made. If the report supports a *prima facie* showing and engagement was not effective, the court will set an *Initial Appearance Hearing*. The court will also appoint the Public Defender as an attorney for the Respondent (*at no cost*) and order the County to provide notice to the Respondent. The court will dismiss the petition if the report does not support a *prima facie* showing or if the voluntary engagement with the Respondent was effective and the Respondent has enrolled or is likely to enroll in voluntary behavioral health treatment without the need for CARE proceedings.

Initial Appearance Hearing: The original Petitioner must be present, or the petition may be dismissed. If the petition was filed by someone other than County Behavioral Health, the original Petitioner is substituted out, and the Director of County Behavioral Health is appointed. During this appearance, the Respondent may select a volunteer supporter or ask that one be appointed.

Hearing on the Merits: An evidentiary hearing where the Petitioner can prove that the Respondent meets CARE Act eligibility criteria. The *Hearing on the Merits* may be combined with the *Initial Appearance Hearing*, or will be set within 10 court days of the *Initial Appearance Hearing*. The Respondent, their attorney, their supporter, and County Behavioral Health will work together to create a voluntary CARE agreement tailored to the specific needs of the Respondent, and may include treatment for substance abuse disorders, medically-necessary stabilization medications, housing resources & supports, and other services. A *Case Management Hearing* will be set within 14 calendar days of the *Hearing on the Merits*.

Case Management Hearing: The court will hear evidence as to whether the parties have entered or are likely to enter into a CARE Agreement.

- If a CARE Agreement is likely, then a *Status Review Hearing* is set within 60 days.
- If a CARE Agreement is **not likely**, the court will order County Behavioral Health to conduct a clinical evaluation, and a *Clinical Evaluation Hearing* is set within 21 days.

Clinical Evaluation Hearing: The court will review the clinical evaluation and other evidence from County Behavioral Health and the Respondent to determine if the Respondent meets the eligibility criteria. If so, the court will order that a CARE Plan is developed. Like the CARE Agreement, the CARE Plan is tailored to meet the Respondent's needs. A *CARE Plan Review Hearing* will be set within 14 days.

CARE Plan Review Hearing: The parties present their plans to the court, and the court will adopt elements and issue orders that support the recovery and stability of the Respondent. These orders will constitute the CARE Plan. The court will set a *Status Review Hearing* within 60 days.

Status Review Hearings: Set every 60 days or less to monitor the Respondent's progress. County Behavioral Health will file status reports with the court within five days of these hearings, and will provide reports to the Respondent, their attorney, and their supporter.

1-Year Status Hearing: The issuance of an order approving a CARE Agreement or CARE Plan begins the CARE Act services timeline, which shall not exceed one year. During the 11th month of services, the court will determine if the Respondent is ready to graduate, or if the Respondent should continue to receive CARE Act services for an additional year. If the Respondent elects to graduate from the program, the court will order County Behavioral Health to collaborate and prepare a Graduation Plan. A *Graduation Plan Hearing* will then be set in the 12th month after the adoption of the CARE plan.

Graduation Plan Hearing: The Graduation Plan will be presented to the court and will include a recital of the terms on the record. The Graduation Plan may include a psychiatric advance directive that specifies treatment preferences in advance of a crisis, which shall have the force of the law. The Respondent shall be officially graduated from the CARE Act program upon completion of the hearing.

The Volunteer Supporter

A volunteer supporter is an adult who acts honestly, diligently and in good faith to assist the Respondent during the CARE Act process while respecting the Respondents' values, beliefs, and preferences. A volunteer supporter is someone chosen by the Respondent; however, the Respondent may choose **not** to have a supporter. A volunteer supporter can be removed by the court because of any conflict with the Respondent, including arguing, or making the Respondent feel uncomfortable or intimidated.

A volunteer supporter...

CAN	CANNOT (unless authorized by the Respondent)
Participate in meetings and communication regarding the Respondent's: <ul style="list-style-type: none"> • Psychiatric evaluation • Development of a CARE Agreement or CARE Plan • Completion of a psychiatric advance directive • Development of a graduation plan • CARE Act proceedings 	<ul style="list-style-type: none"> • Make decisions on behalf of the Respondent unless necessary to prevent imminent harm** • Sign documents on behalf of the Respondent • Waive confidentiality • Be subpoenaed to testify against the Respondent in a CARE Act proceeding <p><i>** Imminent harm refers to suicidal or homicidal actions. For example: if someone has made a threat to hurt someone or themselves, or they are wielding a gun or knife.</i></p>

A volunteer supporter's "participation" can vary depending on the situation and the relationships with the Respondent. It could look like rephrasing questions for the Respondent, making sure the Respondent's decisions are being respected, or recalling wishes or questions the Respondent has had. A supporter's participation in meetings, etc. is at Respondent's request and discretion. The supporter has no rights other than those consented to by the Respondent.

Key Principles of Supporter Role

- **Supported decision-making:** The supporter's role is to represent the will and preferences of the Respondent, regardless of whether that matches what the supporter prefers. This means the supporter must avoid any personal bias and not pressure the Respondent in any way. The supporter never makes decisions for the Respondent – the Respondent must make the final decision.
- **Trauma-informed care:** Many Respondents have experienced trauma, impacting their mental and physical health. Trauma-informed care means operating in a respectful, consistent, and reliable manner. Maintaining trust with the supporter may increase engagement in supportive services.
- **Confidentiality:** The CARE Act protects the confidential relationship between the Respondent and their supporter. Supporters must respect the Respondent's privacy and should not discuss the Respondent's CARE Act process with anyone without expressed written release. Supporters cannot be asked to appear in court or be called to testify against the Respondent in any proceeding related to the CARE Act.

Completing the CARE Act Petition

Instructions for completing the **CARE-100 - Petition to Begin CARE Act Proceedings** are provided below. In addition, explanations and examples of each eligibility requirement are provided on form **CARE-050-INFO – Information for Petitioners - About the CARE Act**.

CARE-100 - Petition to Begin CARE Act Proceedings:

Top of page 1: Add your name, address, and phone number. Add the court address. The addresses for the Visalia and Porterville courthouses are:

- County Civic Center: 221 S. Mooney Blvd., Visalia, CA 93291
- South County Justice Center: 300 E. Olive Ave., Porterville, CA 93257

Caption: After “CARE ACT PROCEEDINGS FOR (*name*):”, add the name of the Respondent.

Item 1, Name and Age: Add your name as the Petitioner and add the name of the person you want services for (the Respondent). Add the Respondent’s date of birth or their approximate age.

Item 2, Petitioner Type: Check all boxes that apply to you as the Petitioner. For example, if you are the parent of the Respondent and live with them, mark boxes (a) and (b).

Item 3, Interaction with Respondent: Provide details on your interactions and relationship with the Respondent: How you know the Respondent, how often you see them, when you last saw them, and what happened when you interacted with them.

Item 4, Contact Information: Add the address where the Respondent lives or was last found. This could be a hotel, park, or a location that the Respondent frequents. Provide contact information if known, and what you believe is the best way to contact the Respondent. Indicate whether the Respondent needs any language assistance and their preferred language.

Item 5, Residency and Court Cases: Check all that apply regarding the Respondent’s residency, location, and pending court cases.

Item 6, Supporting Evidence: You must include evidence supporting the Petition. Mark either:

- (a) if you are attaching form **CARE-101 – Mental Health Declaration – CARE Act Proceedings**, which is completed by a behavioral health professional, or
- (b) if you are making a statement and/or submitting documents that the Respondent was detained for at least two periods of involuntary treatment, with the most recent period within the past 60 days.

Note: For purposes of the CARE Act, “*involuntary treatment*” refers only to a 14-day hold authorized by Welfare and Institutions Code section 5250. It does not refer to treatment authorized by other statutes such as Welfare and Institutions Code sections 5150, 5260, and 5270.15, and 5270.70.

- Mark (b)(1) if making a statement, and use this space to describe the Respondent's involuntary treatment which you personally know about.
- Mark (b)(2) if attaching documents. The documents can be certifications of involuntary treatment, a declaration from witnesses to the involuntary treatment, or other records pertaining to the involuntary treatment. Label the attachments as Attachment 6b1, Attachment 6b2, etc.

Item 7, Eligibility:

- Mark the box if you are attaching the **CARE-101 – Mental Health Declaration – CARE Act Proceedings**. If so, you may leave the rest of Item 7 blank, and move to Item 8.
- If you are not attaching the **CARE-101** form, provide facts and information at items (a) through (f), regarding the Respondent's diagnosis, mental health condition, treatment, the support services they need, and how participation in a CARE plan or CARE agreement would be the least restrictive means to ensure the Respondent's recovery and stability.

Item 8, Other Information: Mark any statements that are true, and provide details.

Item 9, Court Referral: Complete Item 9 only if you are filing the petition in response to a referral from another court proceeding. If so, provide details about the other court proceeding.

Item 10, Attachments: Indicate the number of pages that are attached to the petition.

Bottom of Page 5: The Petitioner will enter the date, print their name, and sign.

CARE-101 – Mental Health Declaration – CARE Act Proceedings:

This form is to be completed by a behavioral health professional who has examined the Respondent and can describe their eligibility for CARE Act services. Attach this to the petition.

File the Petition

There is **no cost** to file the CARE Act petition. The petition can be filed where the Respondent lives, may be found, or where the Respondent has another court proceeding. If these locations are in different counties, consider where the Respondent is most likely to have access to services and a support system. If filing in Tulare County: Bring your completed forms to the Visalia Courthouse, Clerk of the Court, located at 221 S. Mooney Blvd, Room 201, Visalia, CA 93291, or the South County Justice Center filing windows, located at 300 E. Olive Ave, Porterville, CA 93257.

The Court Clerk will file the forms and send them to the judge for review. After filing, you do not need to serve the petition on the Respondent or any other person. County Behavioral Health will notify the Petitioner and Respondent if the court ordered a report, and will provide notice of the *Initial Appearance Hearing*, if one is set.

Common CARE Act Questions

What if the Respondent does not meet CARE Act eligibility? What other options or resources are available?

- Services such as full-service partnerships, assertive community treatment, and supportive housing may still be available through the County or a community-based service provider. Other court-ordered services, such as Assisted Outpatient Treatment (AOT) or services under the Lanterman-Petris-Short Act (LPS), may be appropriate.
- Contact the Family Advocate from Tulare County Behavioral Health for more information. The Family Advocate is a licensed clinician who assists relatives and support persons of those struggling with mental health problems in understanding mental health services. The Family Advocate also provides guidance and linkage to community and educational resources. The Family Advocate's contact information, plus a list of other resources and service providers in Tulare County are provided on page 13.

I'm a family member of the Respondent, but I don't have access to the Respondent's personal health information. Can I still file the CARE Act petition?

- Yes, family members can still file the petition. You will need to provide as much detailed information about the Respondent in the narrative portions of the petition.
- In some cases, County Behavioral Health can file on the family's behalf since they may have access to the protected health information needed to file the petition. Contact Tulare County Behavioral Health for more information.

The Respondent has major depressive disorder or bi-polar disorder. Do they qualify for CARE Act services?

- Maybe. Persons with certain mental health disorders such as major depressive disorder or bi-polar disorder are **NOT** eligible for CARE Act services unless they also have a schizophrenia-related diagnosis or other psychotic disorder.

What is the difference between a CARE Agreement and CARE Plan?

- A CARE Agreement is a voluntary agreement for services and treatment between the Respondent and County Behavioral Health, approved by the court.
- A CARE Plan is a set of community-based services and supports for the Respondent that is ordered by the court if the Respondent and County Behavioral Health cannot reach a CARE Agreement.

What if the Respondent does not complete their CARE Agreement or CARE Plan?

- The goal is that the CARE Act services will stabilize someone with severe mental illness. However, Respondents who do not successfully complete their CARE Agreement or CARE Plan may be hospitalized or referred to conservatorship - with a new presumption that no suitable less restrictive alternatives to conservatorship are available.

The Respondent has pending criminal charges. What happens to these charges if the Respondent graduates from CARE Act proceedings?

- If the Respondent graduates from CARE Act services, the judge presiding over the Respondent's criminal matter may dismiss the criminal charges.
- Speak to the Public Defender or the attorney representing the Respondent in the criminal matter for more information.

Where will the CARE Act proceedings take place?

- All CARE Act proceedings will be heard in Department 7 on the 3rd floor of the Visalia Courthouse, located at 221 S. Mooney Blvd., Visalia, CA 93291.
- If you cannot appear in person, you may appear remotely. To request a remote hearing, go to: <https://www.tulare.courts.ca.gov/online-services/request-remote-hearings>

As part of the Respondent's CARE Agreement or CARE Plan, the Respondent was provided with housing assistance. Will the Respondent continue to receive housing assistance after they graduate?

- Housing support may continue after graduation. Speak with County Behavioral Health about the support services that will be offered to the Respondent and integrated into the Graduation Plan.

I'm the Respondent and my circumstances have changed. How can I change orders related to my CARE Act services?

- Complete and file form **CARE-120 – Request for New Order and Hearing - CARE Act Proceedings**, available on the California Courts website (see URL on page 2). You can explain how your circumstances have changed and whether you want a hearing for the court to consider your request.

Community Resources and Service Providers

Tulare County Behavioral Health

- <https://tchhsa.org/eng/behavioral-health/>
- Behavioral Health Administration: (559) 624-7445
- **24-Hour Crisis and Access Lines:**
 - Mental Health Services Access and Crisis Line: (800) 320-1616
 - Substance Use Disorder Access Line: (866) 732-4114
 - National Suicide Prevention Lifeline: 988
- **Family Advocate:** (559) 623-0952
 - The Family Advocate is a licensed clinician who assists relatives and support persons of those struggling with mental health problems in understanding mental health services. The Family Advocate also provides guidance and linkage to community and educational resources.
- **Visalia Adult Integrated Clinic:** (559) 623-0900
520 E. Tulare Ave.
Visalia, CA 93277.
- **Porterville Adult Mental Health Clinic:** (559) 788-1200
1055 W. Henderson Ave., Suite #2
Porterville, CA 93257

Community Mental Health Services

- **NAMI Tulare County**
 - <https://namitularecounty.org/>
 - (559) 732-6264
- **Turning Point of Central California**
 - <https://www.tpocc.org/>
 - North County One-Stop: (559) 627-2046
201 N. Court St.
Visalia, CA 93291
 - Central County One-Stop: (559) 687-8713
145 N. N St., Suite A
Tulare, CA 93274
 - North Tulare County Mobile Services: (559) 627-2046
201 N. Court St.
Visalia, CA 93291
- **Kings View**
 - <https://www.kingsview.org/>
 - Visalia Wellness Center: (559) 256-1183
1223 S. Lovers Ln
Visalia, CA 93292
 - Porterville Wellness Center: (559) 931-1001
333 W. Henderson Ave.
Porterville, CA 93257
 - South Tulare County Mobile Services: (559) 687-0929, or 24/7 at (800) 315-4156
201 N. K Street
Tulare, CA 93274

Visalia Recovery Center

- Providing care and support for substance use disorders
- <https://visaliarecoverycenter.com/>
- (559) 702-5180
- 4040 S. Demaree St., Suite A
Visalia, CA 93277

Tulare County Public Defender

- <https://tularecountypublicdefender.com/>
- Visalia Office: (559) 636-4500
221 S. Mooney Blvd., Room G35
Visalia, CA 93291
- Porterville Office: (559) 782-6960
20 N. Main St., 2nd Floor
Porterville, CA 93257

This information sheet describes the CARE Act and how to fill out *Petition to Begin CARE Act Proceedings* (form CARE-100). A court self-help center may also be able to help you. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows a person in one or more of 14 categories (see page 2) to file a petition asking a court to start proceedings intended to get help for an adult who has a schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements. The person who asks the court to start the proceedings is called the *petitioner*. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who you think needs help is called the *respondent*. If the court decides that the respondent is eligible for CARE, the county behavioral health agency will work with them to try to reach a CARE agreement, as described in item 2.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

A CARE plan or CARE agreement may be amended if the respondent and the county agree to amend the plan or agreement. The court may also approve amendments to a CARE plan without the parties' agreement if the court holds a hearing and finds that the amendments are needed to support the respondent in getting the help they need.

3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website.

County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order. Also, you can contact your local behavioral health agency to refer someone to CARE Act proceedings without filing a petition. The agency can investigate and may decide to file a petition itself, but it is not required to do so.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.

④ How do I complete *Petition to Begin CARE Act Proceedings* (form CARE-100)?

This section walks you through the petition, form CARE-100, item by item.

Item 1: Names and Age

As noted on page 1, you are the *petitioner*, the person asking the court to start CARE Act proceedings for the *respondent*, a person who needs help because of a serious mental disorder. In item 1 of form CARE-100, enter your name, the respondent's name, and the respondent's date of birth (or, if you don't know it, give the respondent's approximate age).

Item 2: What Type of Petitioner Are You?

In item 2, confirm that you are an adult, and check the box next to each petitioner type that applies to you:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

Item 3: Your Interaction With the Respondent

Describe your interactions and relationship with the respondent in item 3. For example, describe how you know the respondent, how often you see or talk with them, when (give the date) you last saw them, and what happened when you interacted with the respondent.

Item 4: The Respondent's Contact information

If you know where the respondent lives, enter that address in item 4a. If you do not know the respondent's address or if they do not have one, give the respondent's last known location and any other information, such as a post office box where they get mail or locations where they are frequently found, that might help to locate the respondent. In item 4b, provide the respondent's phone number—including whether they respond to text messages—and their email address, if any. If you are in contact with the respondent, check the box or boxes in item 4c that show all ways you have been able to contact them. Then, if respondent needs any language assistance, check the box in item 4d and identify the respondent's preferred language.

Item 5: The Right Court and County

You can file a petition *only* in a county where the respondent lives, where the respondent is currently located, or where the respondent is involved in a court case. In item 5, check the box or boxes that show why the county where you are filing the petition is the right place to file. If the respondent does not live in the county, state what county they live in, if you know it.

Item 6: Required Supporting Evidence

You must include supporting evidence in or with the petition. That evidence must be one of the following:

- A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- A statement or documentation that the respondent has been hospitalized at least twice for involuntary treatment, and that the most recent hospitalization ended no more than 60 days before you file the petition.

If you know personally about the respondent's hospitalizations for involuntary treatment, you can describe them in the space provided in item 6a. You can also check item 6b and attach documentation, such as copies of certifications for intensive treatment, declarations from one or more witnesses to the involuntary treatment, or other documents showing that the respondent was hospitalized at least twice for involuntary treatment. At least one piece of evidence should show the beginning and ending (discharge) dates of the most recent treatment period.

Note: For purposes of the CARE Act, “involuntary treatment” includes only a 14-day hold for intensive treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to a 72-hour hold under Welfare and Institutions Code section 5150 or treatment under Welfare and Institutions Code sections 5260, 5270.15, and 5270.70.

Item 7: The Respondent's Eligibility for the CARE Process

Your petition must state facts and provide information to support your claim that, to the best of your knowledge, the respondent is eligible for the CARE Act process. **All** of the following requirements, which are listed in items 7a–7f on form CARE-100, must be met for a respondent to be eligible. If you are attaching a declaration on form CARE-101 (see item 6a above) containing that information, then you may check the box at the beginning of item 7 and not fill out the rest of that item. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether each respondent is eligible based on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older (item 5a) and must:		
Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 7a).	Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person who does not have that diagnosis is not eligible even if they have a different serious mental disorder, such as bipolar disorder or major depression. Note: The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 7 to be eligible.	Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.

Requirements	Explanations	Examples
<p>Be currently experiencing a serious mental disorder that (item 7b):</p> <ul style="list-style-type: none"> • Is severe in degree and persistent in duration • May cause behavior that interferes substantially with the person’s activities of daily living, and • May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period. 	<p>Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care.</p> <p>Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships without additional help.</p>	<p>If caused by a chronic, prolonged, or recurrent mental disorder:</p> <ul style="list-style-type: none"> • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriately for the weather, securing health care, or following medical advice). • Difficulty maintaining a residence, using transportation, or managing money day to day. • Difficulty concentrating or completing tasks as scheduled. • Difficulty functioning socially, creating and maintaining relationships. • Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.
<p>Not be clinically stabilized in ongoing voluntary treatment (item 7c).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> • Repeated and ongoing refusal to accept voluntary treatment without reason. • Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason. • Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.
<p>At least <i>one</i> of the following must be true (item 7d):</p>		
<p>The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 7d(1)).</p> <p>OR (<i>see next page</i>)</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has been getting worse recently.</p>	<ul style="list-style-type: none"> • Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment. • Recent or frequent arrests due to a mental disorder.

Requirements	Explanations	Examples
The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (item 7d(2)).	<p>Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports.</p> <ul style="list-style-type: none"> • <i>Grave disability</i> includes a person's inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, shelter, safety, or medical care. • <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions. 	<ul style="list-style-type: none"> • A person who has immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a danger to their health. • A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves. • Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.
The respondent's participation in a CARE plan or CARE agreement must:		
Be the least restrictive alternative necessary to ensure the respondent's recovery and stability (item 7e), and	<p>Explain how participation in a CARE plan or CARE agreement:</p> <ul style="list-style-type: none"> • Would effectively meet the respondent's treatment needs while placing as few limits as possible on the respondent's rights and personal freedoms. • Is necessary because other less restrictive alternatives would not ensure the respondent's recovery and stability; for example, because other less restrictive alternatives have not been successful. 	<p>Less-restrictive alternatives might include:</p> <ul style="list-style-type: none"> • Voluntary full-service partnerships, which are collaborative relationships between the county and the individual, and when appropriate the individual's family, through which the county plans for and provides the full spectrum of community services. • Supported decisionmaking, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination. • Assertive community treatment, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.
Be likely to benefit the respondent (item 7f).	<p>Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.</p>	<ul style="list-style-type: none"> • The respondent's prior improvement when participating in similar treatment programs. • Medical opinion that the patient would benefit from treatment.

Note: Include in the petition as much information as you have about each item listed above. If you notice you're repeating yourself, you can say that you already gave the information and say where you said it before. You may also attach any documents you have that support one or more of those items.

Item 8: Other Optional Information

In item 8, check any of the boxes that apply to the respondent and provide any requested information that you know. Please find information about specific sections of item 8 below.

Note: If you don't know the information requested in any part of item 8, leave that part blank. The petition will be processed even if you do not complete item 8.

- **Regional Center:** If you know that respondent is served by a regional center, please check item 8b, provide the name and location of the center, and list any services the center provides to the respondent. A list of service centers can be found at www.dds.ca.gov/rc/listings/.
- **Tribal Enrollment or Services From an American Indian Health Care Provider:** If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from a California Indian health care provider, tribal court, or tribal organization, include that information in item 8d or item 8e.
- **Juvenile Court Information:** If the respondent is within a juvenile court's jurisdiction as a dependent, ward, or nonminor dependent, fill out item 8f. Give the court name, the case number, and contact information for the respondent's juvenile court attorney.
- **Conservator Information:** If the respondent has a conservator, fill out item 8g. Give the court name, the case number, and contact information for the respondent's conservatorship attorney.

Item 9: Court Referral

If you are filing a petition in response to a referral from another court proceeding, fill out item 9. Give the name of the referring court and the case number, department, and type of case, if you know it. If you have a copy of the referral order, label it "Attachment 9" and attach it to the petition.

Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

Signature: You must write the date, print your name, and *sign the petition under penalty of perjury*. That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Am I required to give or send the petition to the respondent or anyone else?

No. To begin CARE Act proceedings, you must file the petition with the court. You do not need to give or send a copy of the petition to the respondent or anyone else.

6 What will happen after I file the petition?

After you file a petition, the court will review it and any supporting documents filed with it. The court will decide if the documents show that the respondent meets or might meet the CARE Act eligibility requirements. Then the court will either:

- Dismiss the petition** if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements **or** (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider. **OR**
- Order a report** if it finds that the petition shows that the respondent meets or may meet the CARE Act eligibility requirements. The court order will require a county agency to engage the respondent and file a written report with the court as soon as practicable, but within 30 court days. If the court orders a report, the county agency will notify you and the respondent.

Note: The procedures are different if the county behavioral health agency is the petitioner.

7 The initial appearance

If the court finds that the county agency's report supports the petition's showing that the respondent meets or may meet the CARE Act eligibility requirements and the county's engagement with the respondent was not effective, the court will set an *initial appearance*. The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

You, the petitioner, must be present at the initial appearance, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the initial appearance.

Note: At the initial appearance, the director of the county behavioral health agency, or the director's designee, will replace you as the petitioner.

8 Do petitioners have any rights?

You have the right to go to the hearing on the merits and make a statement. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings. If you live with the respondent; are the spouse, parent, sibling, child, or grandparent of the respondent; or are someone who has authority to act as a parent, the court will provide ongoing notice to you throughout the CARE Act proceedings, including notice of when a court proceeding is postponed or when the case is dismissed. However, the court will not provide this notice if the court decides that giving notice to you would not be in the best interest of the respondent or their treatment.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

9 What is a vexatious litigant?

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

10 What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You can also use *Request for Interpreter (Civil)* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

11 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.

This information sheet provides information about the CARE Act and CARE Act proceedings.

① Why am I being given these documents?

Someone has filed a petition with a court to start a CARE Act case for you. In the case, you are called the *respondent*. The CARE Act applies only to specific people. The petition asks a court to decide if you are one of them. The court has found that you might be. It is asking for more information to help it decide if you are.

Important information for you:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about this case using the last known address or location on file for you.
- You may also contact your attorney at any time. Your attorney's contact information is listed in item 5 of *Order for Care Act Report* (form CARE-105) and item 4 of *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110). You should have received one of those forms when you got this form.
- You should make sure that your attorney knows how to get in touch with you. Give them your contact information and let them know if it changes.
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees.
- You have the right to an interpreter, free of charge, at every CARE Act court hearing.

② What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE process is a way to get court-ordered treatment, services, support, and a housing plan for adults with schizophrenia spectrum disorders or other similar psychotic disorders.

The CARE process uses outreach, meetings, and court hearings. The court will decide if you meet the eligibility requirements. One or more county agencies will be part of the process. If you are eligible, they will work with you to identify services and supports you might need.

If you are eligible for the CARE Act, the court will ask you to work with the county behavioral health agency to make a CARE agreement for services and supports. If you do not reach an agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, the court will decide if you are still eligible. If you are, the court will order you and the county agency to develop a CARE plan.

③ What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old and have a schizophrenia spectrum disorder or another psychotic disorder. That disorder, or another mental disorder that you have, must be serious. That means it has lasted for a long time, it can make you do things that interfere with your life, and it can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You also cannot be stabilized in a voluntary treatment program. In addition, *either* it must be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, *or* you must need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or would seriously hurt yourself or somebody else. Finally, it must be likely that going through the CARE process will help you and that nothing less restrictive than the CARE process will make sure that you recover and stabilize.

④ What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that contain services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatment; stabilization medications; a housing plan; and other supports and services, provided directly or indirectly by local government. These documents cannot give anyone the right to use force to medicate you.

4 What is a CARE agreement or CARE plan?

A CARE agreement is a voluntary agreement between you and the county behavioral health agency. If you are eligible for the CARE program, the court will order you and the county agency to try to reach a CARE agreement. The court can change the agreement before approving it. After the court approves the CARE agreement, it can still be changed if you and the county agency agree to change it.

If you cannot reach a CARE agreement, the court may ask you to work with the county to create a CARE plan. A CARE plan is an individualized range of community-based supports and services. It can include the same services and supports as a CARE agreement. You and the county agency will propose one or more CARE plans to the court. The court will order the final CARE plan and can also change it later.

5 Who is the petitioner?

The petitioner is the person who is asking the court to start CARE Act proceedings for you.

6 Who is the respondent?

The respondent is you, the person the court is being asked to start CARE Act proceedings for.

7 What happens after the petition has been filed?

The court reviews the petition and decides if you might be eligible for the CARE process. If it thinks you might be, the court may order a county agency to try to contact you, talk with you, and file a written report. The county agency must file the report with the court as soon as practicable, but within 30 court days, unless the court gives it more time. The county will let you and the petitioner know if the court orders a report.

What happens if the county agency contacts me?

The county agency will ask you about your mental and physical health. It will also ask how your mental health affects your life and what services and treatment you think would be helpful. It will ask if you are willing to work with the county to get connected to those services and treatment options.

What will the report include?

The county agency will file a report even if it is not able to contact you. The report will include:

- The agency's opinion about whether you meet, or are likely to meet, the CARE eligibility requirements. These include your mental health diagnosis and current condition, whether you need additional services, and whether there are other services that would help you but be less restrictive than a CARE agreement or plan.
- The county's efforts to get you to participate voluntarily in services and whether the county thinks you can participate voluntarily in services.

What happens after the court receives the report?

After the court receives the report, it will either:

- **Dismiss the proceedings:** If the court finds, based on the petition and the county's report, that you are not eligible for the CARE process or that you are working willingly and effectively with the county agency and have enrolled or are likely to enroll in behavioral health treatment, the court will dismiss the case; or
- **Set an initial appearance (court hearing):** If the court finds that the county's report shows that you may be eligible for the CARE process and the county's contacts with you were not able to connect you with voluntary services and treatment, the court will set an initial appearance.

Note: The court has appointed an attorney for you. The attorney will contact you at the beginning of the CARE Act process. If the court sets an initial appearance, the county will give you notice of the date, time, and place of the hearing along with additional information.

8 What happens at the initial appearance and the hearing on the merits?

At the initial appearance:

- You may replace your court-appointed attorney with an attorney that you choose.
Note: If you choose your own attorney, you are responsible for their fees, if any.
- You have the right to appear in person. You can choose to give up your right to attend personally, and your attorney can appear on your behalf.
- If you do not tell the court, through your attorney, that you are choosing not to attend and you do not appear, the court may have a hearing without you. To do that, the court needs to find that reasonable attempts to encourage you to appear have failed and that having a hearing without you would be in your best interests.
- The petitioner must be present at the initial appearance, or the court may dismiss the petition.
- A representative from the county behavioral health agency will be present.
- If the original petitioner is not the director of a county behavioral health agency, the court will replace the original petitioner with the director of the county behavioral health agency or their designee, who will then take over as the petitioner.
- If you are enrolled in a federally recognized Indian tribe or receiving services from an Indian health care provider, a tribal court, or a tribal organization, the law allows a representative from the program, the tribe, or the tribal court to be present if you consent. The county must give notice of the initial appearance to the tribal representative.
- The court will set a hearing on the merits of the petition.
- The hearing on the merits of the petition may happen at the same time as the initial appearance but only if you (the respondent), the petitioner, and the court all agree.

At the hearing on the merits:

The court will decide if you meet the CARE Act requirements. The court will consider the petition, the report from the county agency, and all evidence properly presented to it, including evidence that you provide.

- **If the court finds that you *do not* meet the CARE Act requirements:** The court will dismiss the petition. The original petitioner may be able to file a new petition if something changes unless the court finds that the original petition was not filed in good faith.
- **If the court finds that you *do* meet the CARE Act requirements:** The court will order the county behavioral health agency to work with you, your attorney, and your supporter, if you have one, to connect you with behavioral health treatment. You all will also need to decide if you and the behavioral health agency can reach a CARE agreement. The court will set a case management hearing.

Note: If you are enrolled in a federally recognized Indian tribe and you want a tribal representative to attend the case management hearing, you should let the tribe know the date, time, and place of the hearing.

9 What rights do petitioners have?

The original petitioner has the right to go to the hearing on the merits and make a statement. If the original petitioner lives with you; is your spouse, parent, sibling, child, or grandparent; or is someone who has authority to act as your parent, the court will continue to give them notice about the case, unless it decides that notice would be harmful to you. In addition, if you agree, the court may allow that person to participate in your CARE Act process.

If the original petitioner is not someone listed above, the court will not give them additional rights.

10 What rights do petitioners have?

You have the right to be informed of what is happening in your case. You have the right to participate in your case. You have the right to an attorney at all stages of the process. You have the right to an interpreter if you need one. You have the right to keep confidential all CARE evaluations, reports, documents, and filings. You also have other rights that are described in *Notice of Respondent's Rights* (form CARE-113). You will get a copy of that form when you get notice of any court hearing in the CARE Act process.

11 What if I disagree with a court order?

You have the right to ask a higher court to review a court order in the CARE process. This is called an *appeal*. Talk with your attorney if you think you want to appeal a court order. To get more information, read *Information on Appeal Procedures for Unlimited Civil Cases* (form APP-001-INFO).

12 What is a "supporter"?

You have the right to choose a person to support you throughout the CARE Act process. The CARE Act calls that person a *supporter*. The supporter helps you understand, communicate, make decisions, and express your preferences. You can choose to have your supporter with you at meetings, appointments, or court hearings.

Your supporter must:

- Respect your values and beliefs and support your preferences as well as they can.
- Communicate with you to help you understand and make informed decisions.

Your supporter must not:

- Act independently from you.
- Make decisions for you or on your behalf unless necessary to keep someone from immediately getting hurt.
- Sign documents for you.

You have a right to have a supporter throughout the CARE Act process.

13 What if I don't speak English?

You have the right to an interpreter at all CARE Act court hearings. Let your attorney know that you will need an interpreter for court hearings. When you go to court, tell the judge you need an interpreter if you or your attorney haven't already asked for one. You can also use *Request for Interpreter (Civil)* (form INT-300) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

14 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form MC-410) to make your request.

You can also ask the Americans with Disabilities Act coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form MC-410-INFO) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410-INFO>.

CONFIDENTIAL

CARE-100

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER: STATE: ZIP CODE: FAX NO:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
CARE ACT PROCEEDINGS FOR (name):		RESPONDENT	
PETITION TO BEGIN CARE ACT PROCEEDINGS		CASE NUMBER:	

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form CARE-050-INFO), visit the CARE Act webpage on the self-help website at <https://selfhelp.courts.ca.gov/care-act>, or contact your local court's self-help center. To find the location and hours of the self-help center, click <https://selfhelp.courts.ca.gov/self-help/find-self-help>.

1. I (**enter your name here**):

am asking the court to find that (*name of the person you want services for, who is called the respondent*):

is eligible to participate in the CARE Act process. The respondent was born on (*date of birth, if you know it*): _____ or
I do not know the respondent's date of birth, but the respondent is (*approximate age, in years*): _____ years old.

2. I am 18 years of age or older and (*check all categories that apply to you*):

- | | |
|---|---|
| a. <input type="checkbox"/> A person who lives with respondent. | i. <input type="checkbox"/> A first responder—including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker—who has had repeated interactions with respondent. |
| b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent. | j. <input type="checkbox"/> The public guardian or public conservator of this county.* |
| c. <input type="checkbox"/> A person authorized to act in place of the respondent's parent. | k. <input type="checkbox"/> A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350. |
| d. <input type="checkbox"/> The director of the county behavioral health agency of this county.* | l. <input type="checkbox"/> The director of adult protective services of this county.* |
| e. <input type="checkbox"/> A licensed behavioral health professional who is or has been, within the past 30 days, treating or supervising the treatment of respondent.* | m. <input type="checkbox"/> The director of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to the respondent.* |
| f. <input type="checkbox"/> The director of a hospital in which the respondent is hospitalized.* | n. <input type="checkbox"/> A California tribal court judge before whom the respondent has appeared within the past 30 days.* |
| g. <input type="checkbox"/> The director of a public or charitable organization, agency, or home
(1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to the respondent;* or
(2) <input type="checkbox"/> in whose institution respondent resides.* | |
| h. <input type="checkbox"/> The respondent. | |

* If you are in a category above that is followed by *, you may designate someone to file the petition on your behalf. If you have been designated to file a petition by a person in a category followed by *, check that category and enter **your** name above.

3. I have interacted with the respondent as follows (*describe when (give the date) you last saw them, and what happened when you interacted with the respondent*):

☐ If you need more space for your answer, please use a separate piece of paper and label it as Attachment 3.

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CONFIDENTIAL**CARE-100**CARE ACT PROCEEDINGS FOR *(name)*:

RESPONDENT

CASE NUMBER:

4. a. The respondent lives or was last found at *(give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives, the last location where they were staying, or locations where they are frequently found)*:
- b. The respondent's other contact information is:
(telephone number, if any): _____ The respondent ☐ does ☐ does not respond to text messages.
(email address, if any): _____
- c. I believe that the best ways to contact the respondent are *(check all that apply)*:
- (1) ☐ by visiting them in person
(2) ☐ by calling them on the phone
(3) ☐ by sending them text messages
(4) ☐ by sending them email
(5) ☐ by sending them mail
(6) ☐ other *(describe)*: _____
- d. ☐ The respondent needs assistance ☐ reading ☐ hearing or understanding ☐ speaking English.
The respondent's preferred language is *(specify language(s))*: _____
5. The respondent *(check a or b; if you check b, you must also check either (1) or (2))*:
- a. ☐ Is a resident of the county in which this petition is filed.
b. ☐ Is not a resident of the county in which this petition is filed.
The respondent's county of residence is *(if you know it)*: _____
(1) ☐ The respondent is located in the county in which this petition is filed.
(2) ☐ The respondent is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county in which this is filed.
6. Evidence supporting this petition includes *(you must check and provide at least one of the following)*:
- a. ☐ The declaration of a licensed behavioral health professional (form CARE-101), attached and labeled as Attachment 6a.
b. ☐ A statement or documents showing that the respondent has been hospitalized two or more times for involuntary treatment and that the most recent involuntary hospital stay ended less than 60 days ago.
Note: As used in this form, "involuntary treatment" refers only to a 14-day hold authorized by Welfare and Institutions Code section 5250. It does **not** refer to treatment authorized by any other statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, 5270.15, and 5270.70.
(If you checked 6b above, please check (1) and provide the information below, or check (2) and attach the documents, or do both.)
(1) ☐ I know personally that the respondent was hospitalized for involuntary treatment. *(Describe what happened each time, and explain how you know about it.)* _____
(2) ☐ I have attached documents showing that the respondent was hospitalized two or more times for involuntary treatment and labeled the documents Attachment 6b1, 6b2, 6b3, etc. *(Include, for example, your own signed declaration (only if you have personal knowledge of the respondent's involuntary treatment), copies of certifications for intensive treatment, signed declarations by persons who witnessed the respondent's involuntary treatment, or other records.)* _____

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CARE ACT PROCEEDINGS FOR *(name)*:

RESPONDENT

CASE NUMBER:

7. To the best of my knowledge, the respondent meets each of the requirements below:

- ☐ Check here if all the information requested in items 7a through 7f is included in form CARE-101. If it is, you can skip the rest of this question, if you choose. Otherwise, explain below.

Note: Some details you enter in items 7a through 7f may overlap. If you notice you're repeating yourself, you can say that you already gave the information and mention where you said it before.

- a. The respondent has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. (Explain below):

- b. The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:

- (1) Is severe in degree and persistent in duration;
- (2) May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
- (3) May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

(Describe the seriousness, length, and effects of the respondent's mental disorder below):

- c. The respondent is not currently stabilized in ongoing voluntary treatment. (Describe the respondent's current condition and any ongoing treatment below):

- d. At least one of the following is true (complete (1) or (2) or both):

- (1) ☐ The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. (Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):

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CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. d. (2) ☐ The respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to the respondent or others. *(Describe the services and supports needed by the respondent, and explain why the respondent would become gravely disabled or present a risk of harm to self or others without them):*
- e. Participation in a CARE plan or CARE agreement would be the *least restrictive alternative* necessary to ensure the respondent's recovery and stability. *(Explain why no other less restrictive treatment plan would work as well for the respondent):*
- f. The respondent is likely to benefit from participation in a CARE plan or CARE agreement because *(explain below)*:
8. **OPTIONAL: Other information** *(if applicable, check any of the following statements that are true, and give the requested information if you know it):*
- a. ☐ The respondent needs interpreter services or an accommodation for a disability. *(If you know, describe what they need):*
- b. ☐ The respondent is served by a regional center. *(If you know, give the center's name and the services it provides to them):*
- c. ☐ The respondent is or was a member of the state or federal armed services or reserves. *(If you know, give branch name):*
- d. ☐ The respondent is an enrolled member of a federally recognized Indian tribe. *(If you know, give the tribe's name and mailing address):*
- e. ☐ The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. *(If you know, give the name and mailing address of the program, department, or court):*

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RESPONDENT

CASE NUMBER:

8. f. ☐ The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the juvenile court proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*
- g. ☐ The respondent has a court-appointed conservator. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the conservatorship proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*
9. **Court referral** *(complete this item only if it applies; if you don't know some of the requested information, leave that part blank):*
- ☐ This petition is filed in response to a referral of the respondent from another court proceeding.
- a. Court, department, and judicial officer:
 - b. Case number:
 - c. Type of proceeding from which the respondent was referred *(check one)*:
 - (1) ☐ Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) ☐ Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
 - (3) ☐ Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
 - d. ☐ The referral order is attached and labeled as Attachment 9 *(optional)*.
 - e. The respondent's attorney in the referring proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*

10. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY, IF ANY)

(SIGNATURE OF ATTORNEY, IF ANY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

CARE ACT PROCEEDINGS FOR (name):	CASE NUMBER:
RESPONDENT	

3. b. (4) ☐ I have been recruited for employment from outside this state, and my experience is sufficient to gain admission to a California licensing examination. I am employed or under contract to provide mental health services as a (*check one*):
- (a) ☐ psychologist.
 - (b) ☐ clinical social worker.
 - (c) ☐ marriage and family therapist.
 - (d) ☐ professional clinical counselor.

4. Respondent (*name*):
- ☐ is ☐ is not a patient under my continuing care and treatment.

EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

5. Complete one of the following (*both a and b must be within 60 days of the filling of the CARE Act petition*):
- a. ☐ I examined the respondent on (*date*): (*proceed to item 7*).
 - b. ☐ On the following dates: I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.
6. (*Answer only if item 5b is checked.*) Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.
7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings (*each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings*):
- a. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class (*indicate the specific disorder*):

Note: Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a diagnosis of schizophrenia spectrum or other psychotic disorder, does not qualify.

- b. Respondent is experiencing a serious mental disorder that (*all of the following must be completed*):
 - (1) Is severe in degree and persistent in duration (*explain in detail*):

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

7. b. (2) May cause behavior that interferes substantially with the primary activities of daily living *(explain in detail)*:

(3) May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period *(explain in detail)*:

c. Respondent is not clinically stabilized in ongoing voluntary treatment *(explain in detail)*:

d. At least one of these is true *(complete one or both of the following)*:

(1) ☐ Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating *(explain in detail)*:

(2) ☐ Respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to respondent or others *(explain in detail)*:

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CARE ACT PROCEEDINGS FOR (name):

CASE NUMBER:

RESPONDENT

7. e. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability (*explain in detail*):

f. Respondent is likely to benefit from participation in a CARE plan or CARE agreement (*explain in detail*):

8. ☐ Additional information regarding my examination of respondent is ☐ as follows ☐ on Attachment 8.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT DECLARANT'S NAME)

_____
(SIGNATURE OF DECLARANT)